

FROM _____ TO _____
(mm/dd/yy) (mm/dd/yy)

Name: _____

Profession: _____ **Kansas License #:** _____

List Continuing Education activity and attach copies of documentation in order listed on this form for 30 PDHs. Keep original documentation for your own records. For more information, please go to <http://www.ksbtp.ks.gov>

[illegible]

PDHs Claimed	_____	Not to exceed 30 (20 if dual)	
Carry-Over PDHs	_____	Not to exceed 30 (20 if dual)	(from _____ to _____)
		(mm/yy)	(mm/yy)
TOTAL PDHs			

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.

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DATE _____